

Name
in
Full

New Jack Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sunnyside</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>22</i>	Age <i>56</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Brookside W Va</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Isa Shaffer</i>			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				

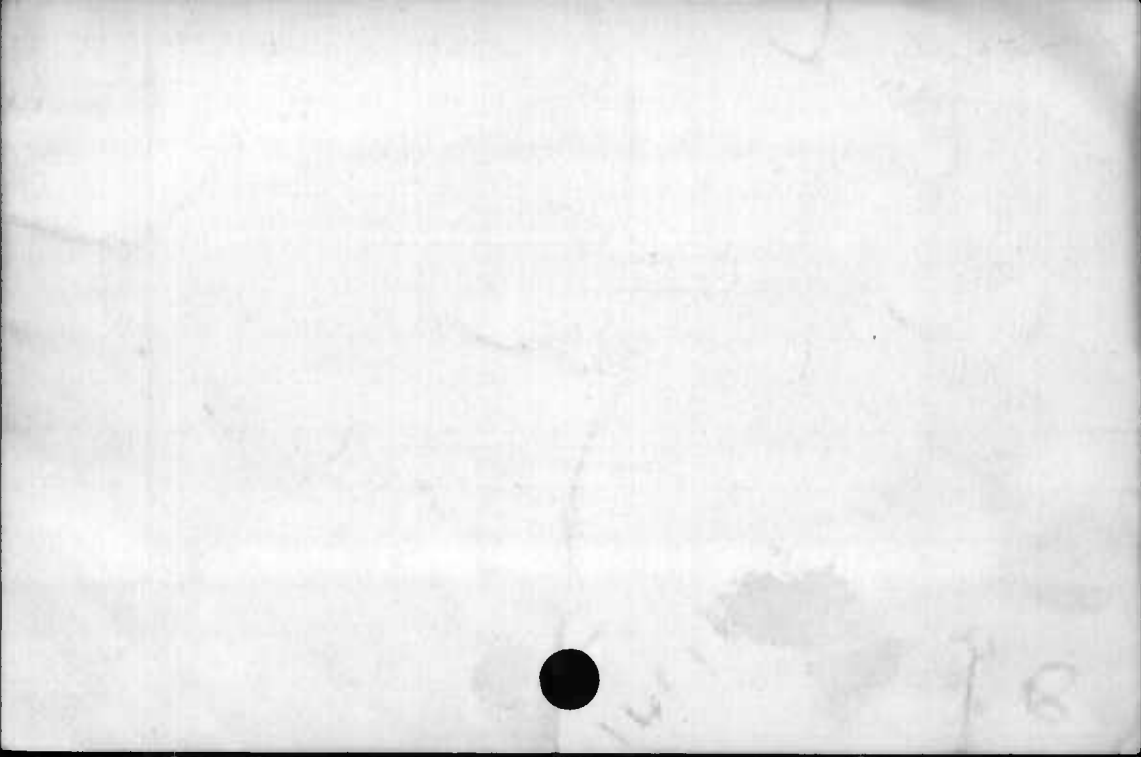
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart disease</i>	How long <i>Several months</i>
Immediate <i>Pneumonia</i>	How long <i>About one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J Gilbert Selby</i>
	Address <i>Eglon W Va</i>
Accident or Suicide?	



Name In Full		CERTIFICATE OF DEATH						
44a Elizabeth Bittinger		MARYLAND						
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis		County Garrett				
	Date of death	1906	Month Oct	Day 16	Age 1	Months 10	Days 11	
	Sex	Female		Color or Race	white		Birth-place	near Annapolis
	Occupation	none		Where Residing if not at place of death				
	Married, Single or Widowed	—		Name of Wife or Husband				
	Father's Name	Peter Bittinger				Father's Birthplace	Garrett Co Md	
PHYSICIAN OR CORONER	Mother's Maiden Name	Annie Gaultz				Mother's Birthplace	Garrett Co Md	
	Name of person giving information	L W Crowe				How related to deceased	none	
	CAUSES OF DEATH							
	Primary	Over feeding				How long	two days	
Immediate	Pneumonia				How long	one day		
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H L Bevans	
					Address		Grantsville	
	Accident or Suicide?							



Name
in
Full

Ada Elizabeth Bittinger (10)

CERTIFICATE OF DEATH

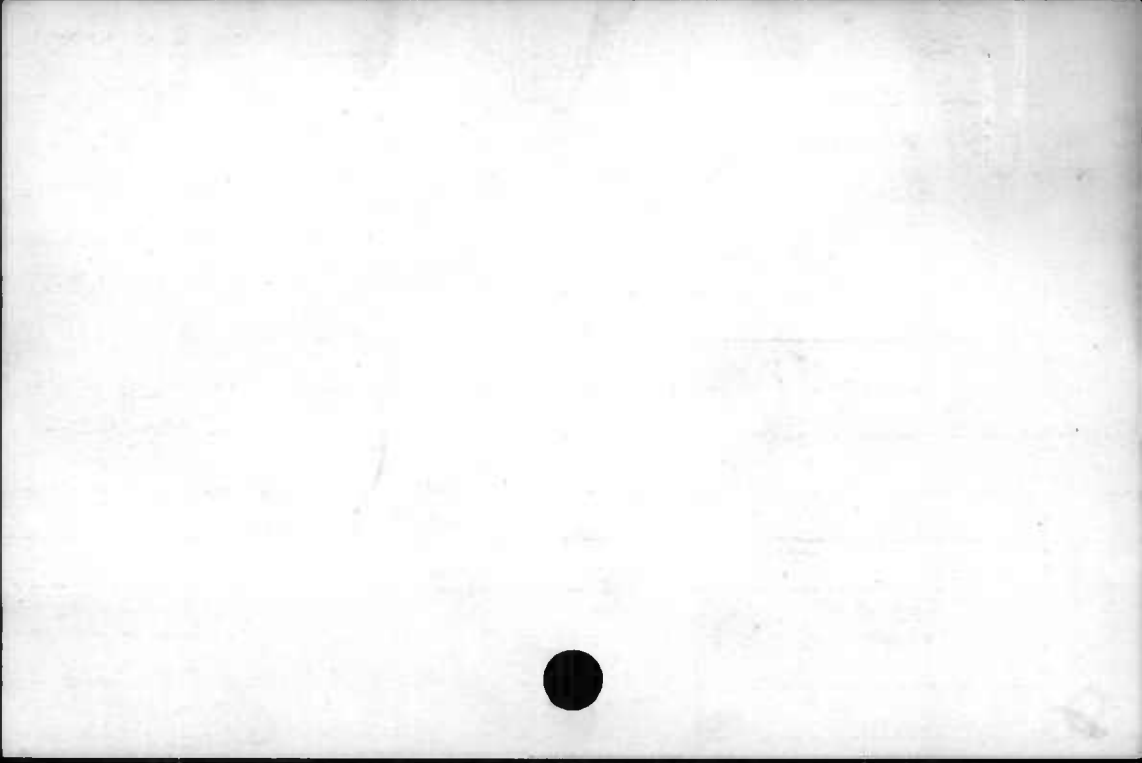
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		oct	16	1	10	11	
Sex	Female		Color or Race	White		Birth place	Near Annilton
Occupation	=		Where Residing If not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
=		=					
Father's Name	Peter Bittinger					Father's Birthplace	old
Mother's Maiden Name	Annie Gorbitts					Mother's Birthplace	old
Name of person giving information	Peter Bittinger					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	= Whooping Cough		How long	2 months
Immediate	=		How long	-
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		=		
Address		Davidson Morris		
		Annilton		
Accident or Suicide?				



Name in Full		Infant of Peter & Emma Browne				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Coke		Garrett			
Date of death		Month	Day	Years	Months	Days	
1906		Oct.	22	—	—	3	
Sex		Color or Race		Birthplace			
Male		White		Coke Md			
Occupation		Where Residing if not at place of death					
—							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Peter Brown				Father's Birthplace	
						Md	
Mother's Maiden Name		Emma Georg				Mother's Birthplace	
						"	
Name of person giving information		Henry Kolb				How related to deceased	
						None	
CAUSES OF DEATH							
Primary		Premature birth				How long	
						151	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		M. E. Frazier M.D.			
		Address		Friendsville Md			
Accident or Suicide?							

Cove, Ma

Name
in
Full

Clark R. Dewitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Kendall

^{County} Garrett

Date of death 1906 Oct.

Day 24

Age 44

Months 7

Days 3

Sex male

Color or Race white

Birth-place Md

Occupation Farmer

Where Residing if not at place of death Kendall Md

Married, Single or Widowed married

Name of Wife or Husband Burch

Father's Name Richard Dewitt

Father's Birthplace Md

Mother's Maiden Name Elizabeth Dewitt

Mother's Birthplace "

Name of person giving information Geo. C. Bischoff

How related to deceased none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

lung fever 93 6 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician M. E. Froze undertaker

Address Friendsville Mo

Accident or Suicide?

Long Run

Name
in
Full

Augustus Durst

CERTIFICATE OF DEATH

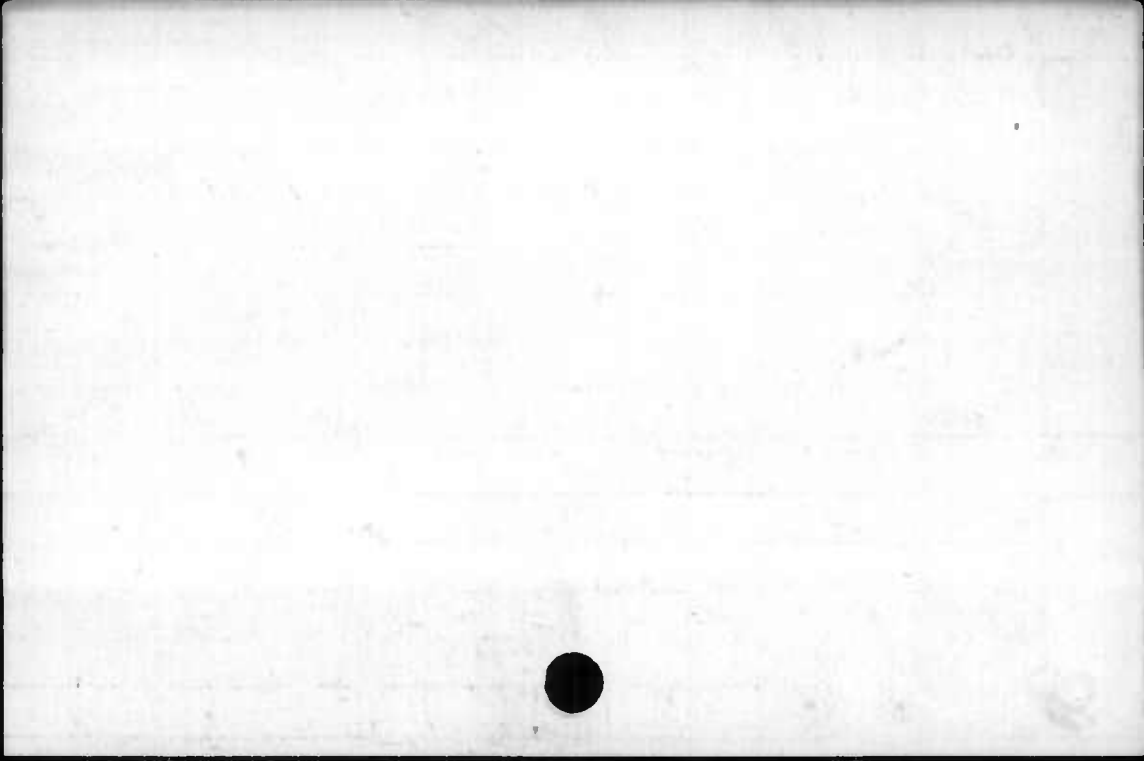
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Oct.	25	32	10	12	
Sex		Color or Race		Birthplace			
Male		White		New Germany			
Occupation		Where Residing if not at place of death					
Carpenter		at New Germany					
Married, Single or Widowed		Name of Wife or Husband					
Widowed							
Father's Name		Father's Birthplace					
William Durst		New Germany, Md.					
Mother's Maiden Name		Mother's Birthplace					
Mahala Brodus		Mozill, Md.					
Name of person giving information		How related to deceased					
Carr Myers		Son-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fell from top of house	How long	
Immediate	Crushing skull bleeding to death	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. J. Robinson	
		Address	
		Grantville	
Accident or Suicide?		M	
Accident			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Howard

Died at ^{Town} *Bloomington* ^{County} *Ga. 12* ^{State} *Georgia* ^{MARYLAND}

Date of death ^{Month} *Oct.* ^{Day} *12* ^{Years} *80* ^{Months} *0* ^{Days} *0*

Sex *Male* Color or Race *White* Birth-place *Fred Co. Md*

Occupation *Minister M.E. Church* Where Residing if not at place of death *At place of death*

Married, Single or Widowed *Married* Name of ^{Wife} *Wife, Jennie Howard*

Father's Name *James Howard* Father's Birthplace *Georgia*

Mother's Maiden Name *Jennie* Mother's Birthplace *Georgia*

Name of person giving information *S.H. McKee* How related to deceased *Son*

CAUSES OF DEATH

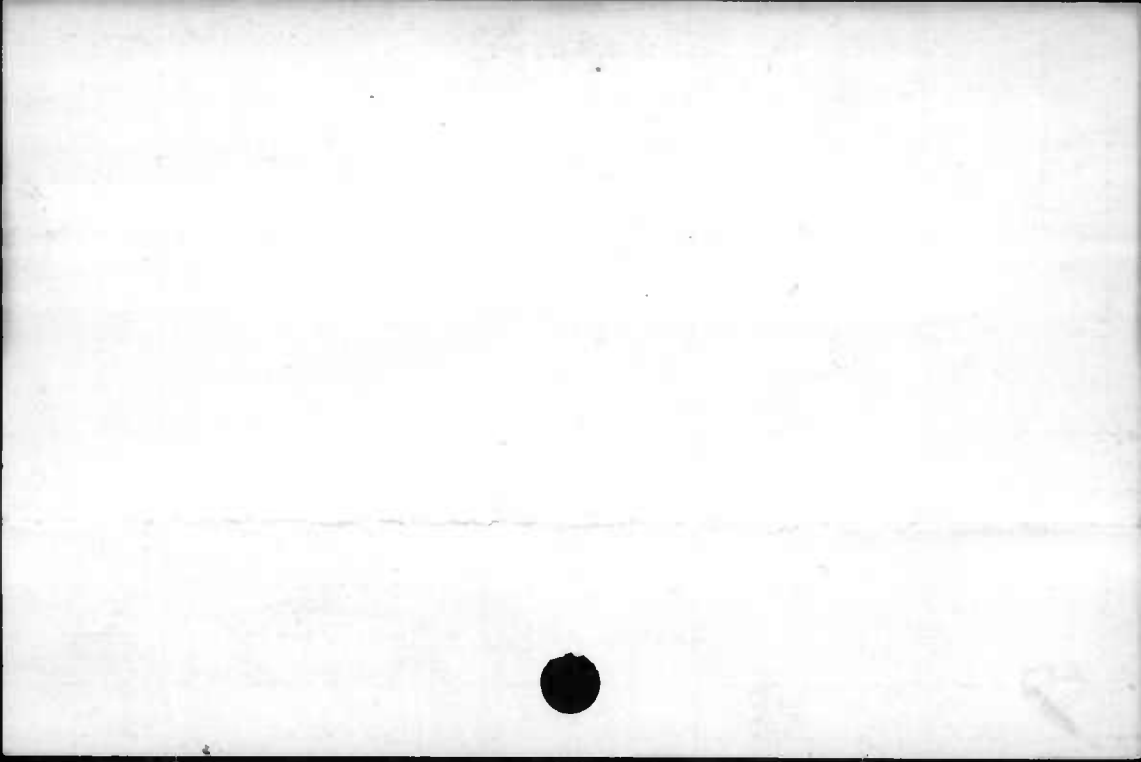
Primary *Infirmities of Age* How long *8 Mos*

Immediate *Heart & Kidney* How long *8 Mos*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H.M. McKee*

Address *Bloomington*

Accident or Suicide? *No* *Maryland*



Name
in
Full

Mrs M L McCandlish

CERTIFICATE OF DEATH

Died at Friendville <small>Town</small>		Garrett <small>County</small>		MARYLAND	
Date of death 1906	10 <small>Month</small>	25 <small>Day</small>	33 <small>Years</small>	1 <small>Months</small>	7 <small>Days</small>
Sex Female	Color or Race White		Birth place Greenbank W. Va.		
Occupation Housewife		Where Residing if not at place of death Friendville Md			
Married, Single or Widowed Married	Name of Wife or Husband R. C. McCandlish				
Father's Name Henry A. Yager	Father's Birthplace W. Va.				
Mother's Maiden Name Bertie Beard	Mother's Birthplace W. Va.				
Name of person giving information R. C. McCandlish		How related to deceased Husband			

CAUSES OF DEATH

Primary Miss C. M. Yager	How long 3 mo
Immediate Peritonitis	How long 1 wk
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. Mason M.D.
	Address Friendville Md.
Accident or Suicide? No	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Marlinton M Va

Name
in
Full

Linda E. Reckner by adoption

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Friendsville*

County *Garrett*

Date of death *1906 Oct.*

Day *31*

Age *4*

Months *4*

Days

Sex *male*

Color or Race *White*

Birth-place *Penn.*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Not Known*

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Maggie Reckner*

How related to deceased *No relation*

CAUSES OF DEATH

Primary *Pneumonia 93*

How long *10 days*

Immediate

How long *"*

Are the name, age, sex, color, date and place correctly given above?

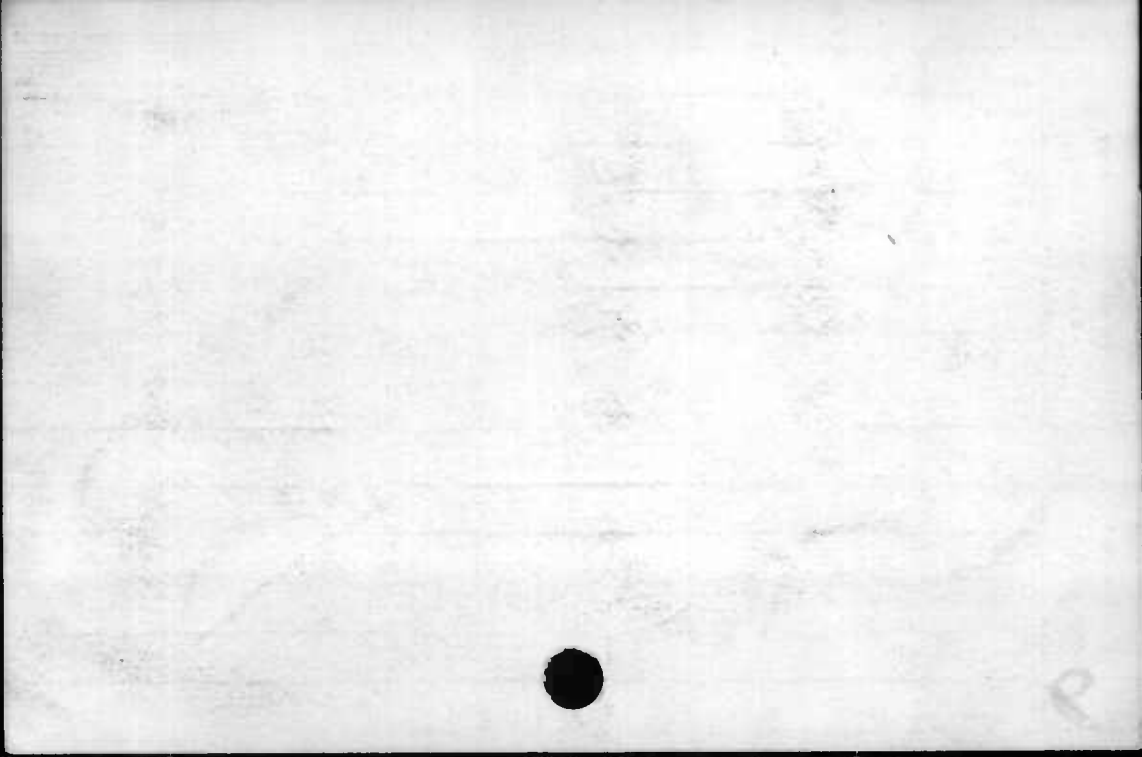
yes

Signature of Physician

Address

*A. J. Mason M.D.
Friendsville
Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John C. Savedge

MARYLAND

Died at ^{Town} Deer Park ^{County} GarrettDate of death 1906 ^{Month} Oct ^{Day} 1 ^{Years} 37 ^{Months} 11 ^{Days} 26

Sex Male Color or Race white Birth-place Oakland, Md

Occupation carpenter Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Fannie Monnett

Father's Name Calvin Savedge Father's Birthplace Fayette Co, Pa.

Mother's Maiden Name Sarah A Smalley Mother's Birthplace Green Co, Pa

Name of person giving information Mrs. Jas. C. Savedge How related to deceased wife

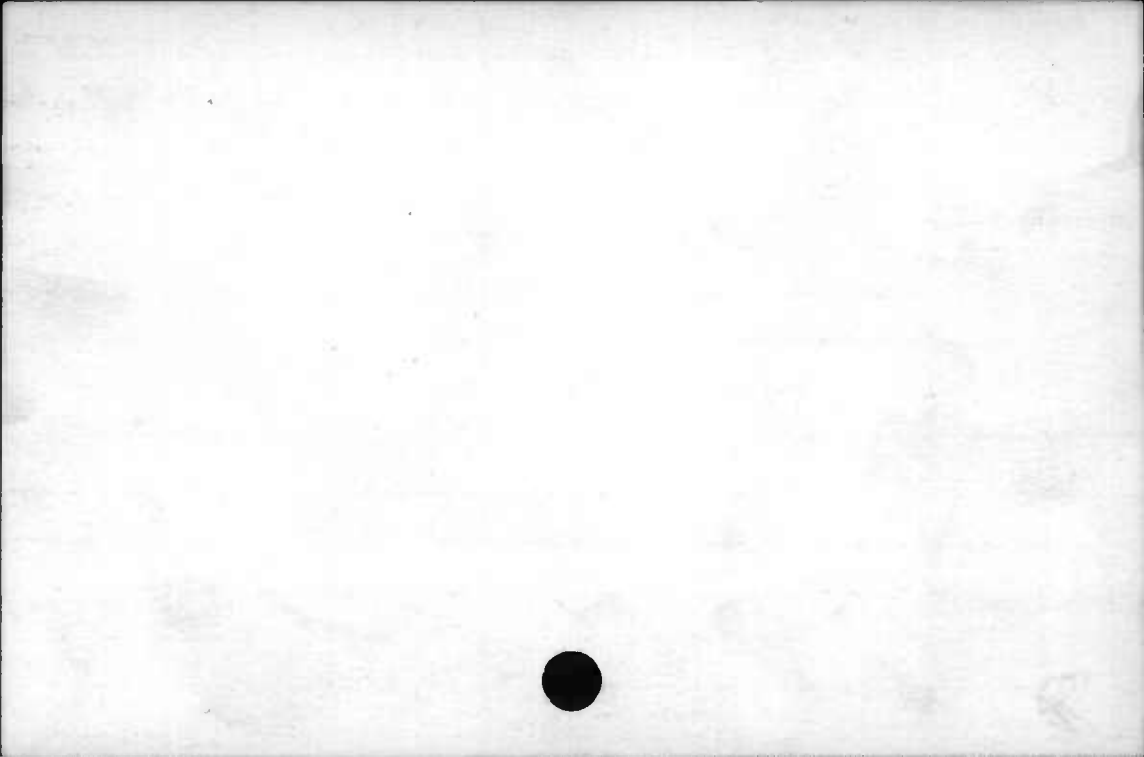
CAUSES OF DEATH

Primary Hypertrophy of Heart ^{How long} 15 years
Immediate Paralysis ^{How long} 2 days.

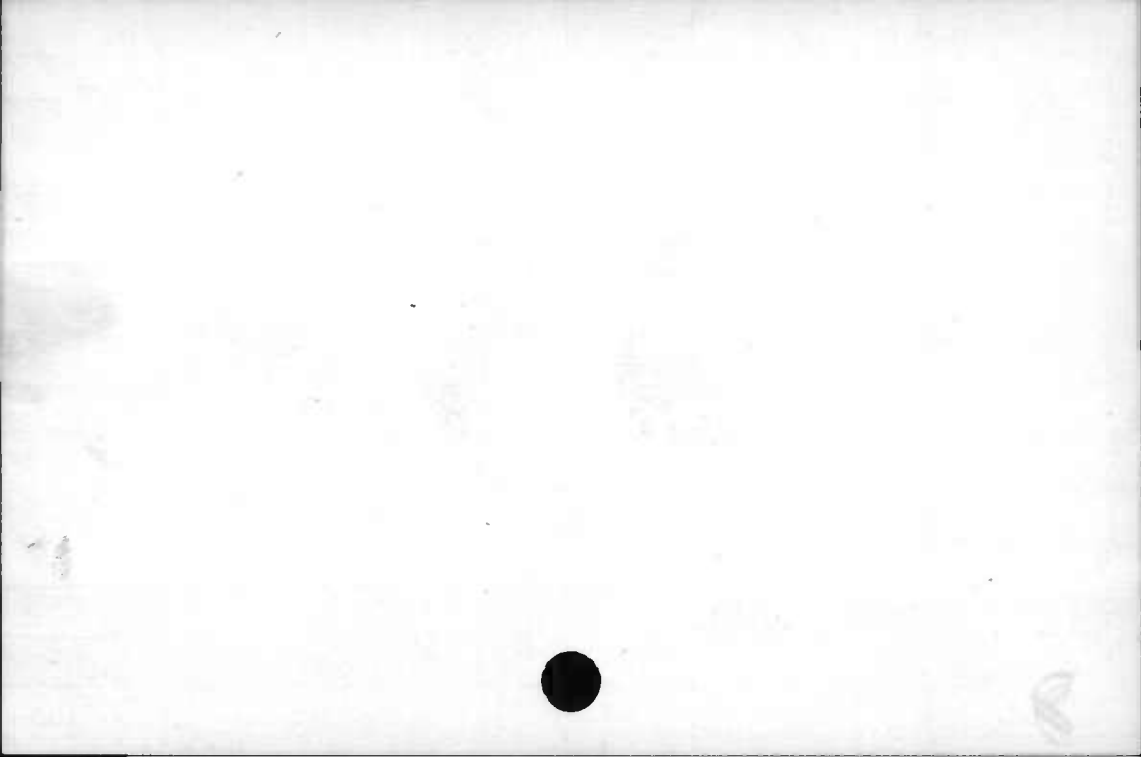
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician George L. Linniger,

Address Deer Park,

Accident or Suicide? No Md.



Name in Full		Emma Estella Shultz				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Kendal</i>		County <i>Garrett</i>		MARYLAND		
		Date of death	1906	Month <i>Oct</i>	Day <i>22</i>	Age <i>12</i>	Months <i>4</i>	Days <i>8</i>
		Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>			
		Occupation <i>House Work</i>	Where Residing if not at place of death					
		Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>Edwin Shultz</i>		Father's Birthplace <i>Pa</i>						
Mother's Maiden Name <i>Clara M. Lantry</i>		Mother's Birthplace <i>Pa</i>						
Name of person giving information <i>Edwin Shultz</i>		How related to deceased <i>Father</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Belious from Inflammation Bowls</i>		How long <i>4 days</i>				
		Immediate <i>Spasms</i>		How long <i>—</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. J. Mason M.D.</i>		Address <i>Frederickville Md.</i>		
8		Accident or Suicide?						



Name
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Full

CERTIFICATE OF DEATH

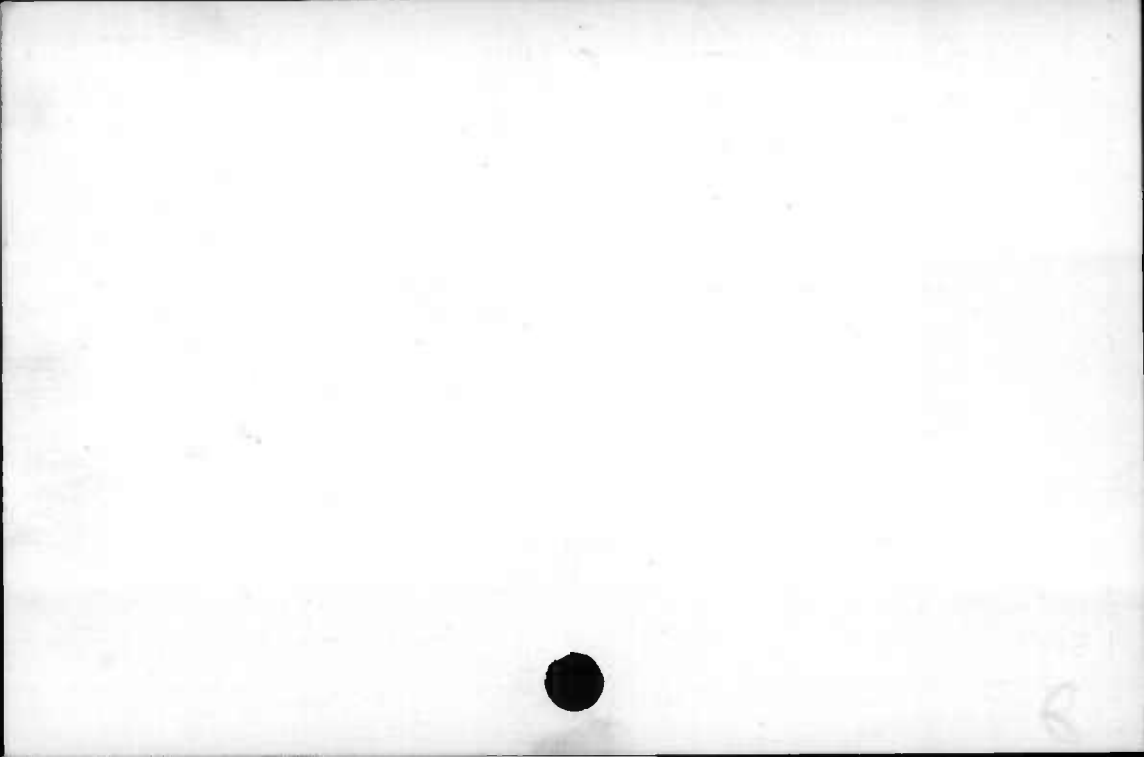
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cokee</i> Town <i>Carroll</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>24</i>	Age <i>27</i> Years
Sex <i>Female</i>	Color or Race <i>white</i>	Birthplace <i>Iowa</i>	Months
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Simmons</i>		
Father's Name <i>John Peyer</i>	Father's Birthplace <i>Iowa</i>		
Mother's Maiden Name <i>John</i>	Mother's Birthplace		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 wks</i>
Immediate <i>Extensive ulcer of the</i>	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>[Signature]</i>	Address <i>[Signature]</i>
Accident or Suicide?	



Name
in
Full

Maud Simmons

CERTIFICATE OF DEATH

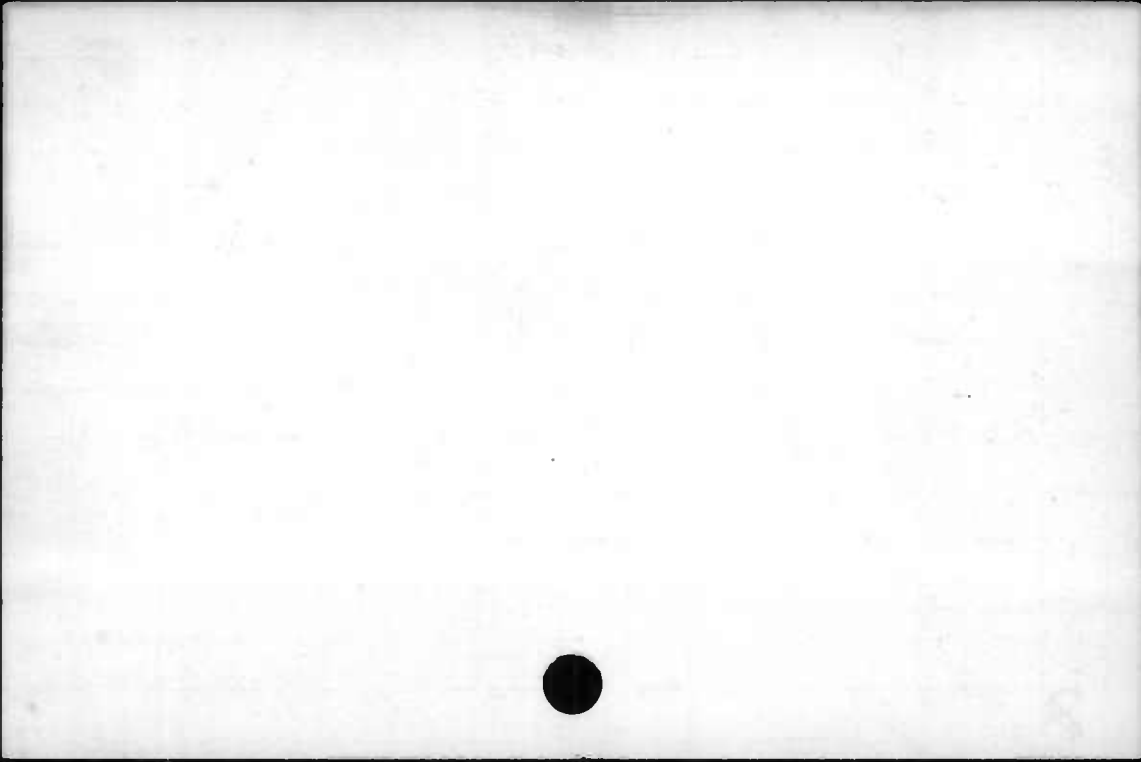
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Colesburg</i> <small>Town</small>		<i>Garrett</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Oct</i> <small>Month</small>	<i>13</i> <small>Day</small>	<i>7</i> <small>Age</small>	<i>7</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>W</i>	Birthplace <i>Indo</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>S</i>	Name of Wife or Husband				
Father's Name <i>Samuel Simmons</i>	Father's Birthplace <i>Wva.</i>				
Mother's Maiden Name <i>Piper</i>	Mother's Birthplace <i>Wva.</i>				
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>179</i>	How long <i>4 days</i>
Immediate <i>Heart trouble</i>	<i>Unable to make a diagnosis.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. E. Legg</i>	Address <i>Colesburg</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jeremiah Tacker 10/12/77

Town *Bethlehem Church* County *Garrett* MARYLAND

Died at *Bethlehem Church*

Date of death 1906 Oct 27 Age 66 Months 3 Days 7

Sex *Male* Color or Race *White* Birth-place *W. Va.*

Occupation *Farmer* Where Residing if not at place of death *✓*

Married, Single or Widowed *Married* Name of Wife or Husband *Eleanor White*

Father's Name *Henry Tacker* Father's Birthplace

Mother's Maiden Name *Marion Harvey* Mother's Birthplace

Name of person giving information *James List* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Died suddenly, apparently of heart disease* How long

Immediate *of heart disease* How long

Are the name, age, sex, color, date and place correctly given above? *✓*

Signature of Physician *[Signature]* Address *John B. Leggett, M.D., 1000 1st St., S.E., Wash. D.C.*

Accident or Suicide? *2*

Dr. Legge authorized
us to attach his
name to this ar-
tifact.

Name
in
Full

Boly White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ken Oakesland</i>		Town <i>Ken Oakesland</i>		County <i>Yonkers</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>24</i>	Age	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Person white</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Ethel Lippert</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>John</i>			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. C. Shuebaugh</i>
		Address <i>Oakesland</i>
Accident or Suicide?		

